

IOWA BOARD OF PHARMACY EXAMINERS

400 S.W. Eighth Street, Suite E

Des Moines, IA 50309-4688

515/281-5944 Voice

Website: www.state.ia.us/ibpe

515/281-4609 Fax

ORDER FORM – COMPUTER DATA FILES

Computer data files including information regarding persons or businesses currently licensed or registered by the Iowa Board of Pharmacy Examiners are available in the formats below. Each file is prepared based on your specifications. Please identify your preferences in each section.

I. Format (please choose one):

_____ Microsoft Excel
_____ Text file – fixed-width fields
_____ Text file – delimited (*choose one preferred delimiter to separate fields*)
_____ Comma _____ Tab _____ Semi-colon _____ Space

II. Delivery options (please choose one):

_____ 3.5" Diskette by U.S. Mail (*will be delivered to name & address indicated below*)
_____ CD-ROM by U.S. Mail (*will be delivered to name & address indicated below*)
_____ E-mail to: _____

III. Data (please indicate all data requested; mark ONE field "S" to indicate sort/order field):

_____ Licensed pharmacists _____ Active lic _____ Inactive lic
(*"Active" are qualified to practice in IA; "Inactive" have not met CE requirements for IA practice*)
_____ Iowa-residents only _____ All, regardless of residence
_____ Name (*Last First Middle*) _____ Address _____ Telephone
_____ County (*Iowa-residents only*) _____ Lic # _____ Original lic date
_____ License expiration date _____ College of pharmacy
_____ Licensed pharmacies _____ Located in Iowa _____ Outside Iowa
_____ Name _____ Address _____ Telephone
_____ Fax # _____ County (*Iowa locations only*)
_____ Lic # _____ Lic expiration date _____ Pharmacist in Charge
_____ Registered pharmacist-interns
_____ Name (*Last First Middle*) _____ Home/Permanent Address
_____ College of pharmacy _____ School Address _____ Telephone
_____ County (*Iowa address only*) _____ Registration # _____ Registration date
_____ Registered pharmacy technicians
_____ Name (*Last First Middle*) _____ Address _____ Telephone
_____ County (*Iowa addresses only*) _____ Registration # _____ Expiration date
_____ Licensed drug wholesalers _____ Located in Iowa _____ Outside Iowa
_____ Name _____ Address _____ Telephone
_____ Fax # _____ County (*Iowa locations only*)
_____ Lic # _____ Lic expiration date _____ Responsible person

The cost for each data file prepared based on the specifications included on this order form is \$20. An additional shipping/handling/material charge of \$5 is assessed for each file provided on diskette. Please contact Terry at 515/281-5944 or via E-mail at terry.witkowski@ibpe.state.ia.us if you have any questions or if the information you want is not identified on this order form.

Please indicate name, address, and **telephone number** below. *Please type or print clearly.*

Total amount enclosed: \$ _____ (*Payable to: Iowa Board of Pharmacy Examiners*)